

TRANSCRIPT ORDER

Please Read Instructions:

1. NAME Robert Cahill (Counsel for Plaintiffs)		2. PHONE NUMBER (703) 456-8145	3. DATE 3/18/2019	
4. DELIVERY ADDRESS OR EMAIL Cooley LLP, 11951 Freedom Drive, 14th Floor		5. CITY Reston	6. STATE VA	7. ZIP CODE 20190
8. CASE NUMBER 3:17-cv-00072	9. JUDGE Joel C. Hoppe	DATES OF PROCEEDINGS 10. FROM 3/18/2019 11. TO 3/18/2019		
12. CASE NAME Sines v. Kessler		LOCATION OF PROCEEDINGS 13. CITY Charlottesville 14. STATE VA		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Telephonic Status Hearing	03/18/2019
<input type="checkbox"/> BAIL HEARING			

17. ORDER

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(deposit plus additional).

ESTIMATE TOTAL

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18. SIGNATURE

/s/ Robert T. Cahill (Counsel for Plaintiffs)

PROCESSED BY

19. DATE
3/18/2019

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

ORDER RECEIVED	DATE	BY	DEPOSIT PAID	
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
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ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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